



U.S. EQUAL EN

532-2014-01535

Please immediately complete this Commission ("EEOC"). REMEMBER

limits imposed by law, within 180 days or in some places, we will review it to determine EEOC coverage. A form, we will review it to determine EEOC coverage. A to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

131
discrimination & retaliation
reasonable
accommodation & discharge

EEOC COMMISSION
RE

MAY 09 2014

EEOC-CLFO

U.S. Equal Employment Opportunity Commission
Discrimination must be filed within the time limit of 180 days from the date of discrimination. When we receive this form, we will review it to determine EEOC coverage. A form, we will review it to determine EEOC coverage. A to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Gong First Name: Yusong MI: _____Street or Mailing Address: 4937 N. Ridgeside Cir Apt or Unit #: _____City: Ann Arbor County: Washtenaw State: MI Zip: 48105Phone Numbers: Home: (734) 913-0977 Work: () N/ACell: (734) 972-1252 Email Address: ysgong@gmail.comDate of Birth: 1963 Sex: ☐ Male ☒ Female Do You Have a Disability? ☒ Yes ☐ NoPlease answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☒ Asian ☐ White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? China

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Jason Zhang Relationship: SonAddress: 4937 N. Ridgeside Cir City: Ann Arbor State: MI Zip Code: 48105Home Phone: (734) 913-0977 Other Phone: (440) 319-5919

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Lerner Research Institute, Cleveland Clinic / Biological Resources UnitAddress: 9500 Euclid Ave County: CuyahogaCity: Cleveland State: OH Zip: 44195 Phone: () don't knowType of Business: Healthcare Job Location if different from Org. Address: _____Human Resources Director or Owner Name: don't know Phone: () don't know

Number of Employees in the Organization at All Locations: Please Check (✓) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 5003. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ NoDate Hired: 9-24-2012 Job Title At Hire: Sr. Research technologistPay Rate When Hired: \$48,000/year Last or Current Pay Rate: \$48,000/yearJob Title at Time of Alleged Discrimination: Sr. Research technologist Date Quit/Discharged: 8-11-2013Name and Title of Immediate Supervisor: Timothy Myshraill

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim

discrimination?

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